



Fig. 1

Best Practice Idea Worksheet

<div>1</div> <div>Best Practice Idea Submission Sheet</div>		
<p>To submit a Best Practice Idea, complete the first sheet of this form. If you have more information at this time, you may enter it on sheets 2 and 3. A member of the POT Support Team will contact you for additional information.</p>		
IDEA/BP TITLE: Enter New Best Practice Name		
NAME OF REQUESTER	Enter Requester's Name	PHONE Enter Requester's Phone
CDS ID	Requester's CDS ID	REQUEST DATE mm/dd/yyyy
<div>IDEA DESCRIPTION</div> <div>Enter idea description here. use information from Idea Submission Form. Add details as needed.</div>		
<div>RATIONALE FOR PROCESS CHANGE</div> <div>Describe why the existing process needs changing or should be replicated.</div>		

Fig. 2a

<div> <div>2</div> <div>Project Definition Sheet</div> </div>						
POT NUMBER & NAME Enter POT # and Name			ROUNDTABLE NAME Enter Roundtable Name here			
SEARCH FOR BEST PRACTICE DUPLICATION - DATE COMPLETED MM/DD/YYYY						
RESULTS / COMMENTS Use "Search Sources" Reference material. Indicate results of search						
PROJECT GOAL Describe the end result of implementing the Best Practice.						
BASELINE Briefly describe the current process. Attach supporting information including flowcharts.						
DESCRIPTION OF WORK COMPLETED TO-DATE Briefly describe any work done to date on the idea. Attach supporting information.						
ASSESSMENT OF BENEFIT	High	Medium	Low	N/A	Estimate	Example
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1-2 R/100
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$1-2 M/year
Applied Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0.5-3 FTEs
Cycle Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4-6 weeks
RESOURCE IMPACT						
People for Development/Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
\$ for Development/Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PROJECT DIFFICULTY						
Complexity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Organizational Barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SPONSOR SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ACTIVITIES AFFECTED List activities that are expected to use any part of the Best Practice process						

Fig. 2b

Team Member Sheet

Role	Name	CDS ID	Telephone	Organization	Committed?
Sponsor(s)					
Roundtable Leader					

Role	Name	CDS ID	Telephone	Organization	Mgr. CDS ID	Committed?
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[illegible]

*Team members Include Subject Matter Experts (SMEs), Representative From Process Users / Deployment, Best Practice Requester, Ana A Financial Analyst (For Quantification)

Fig. 2c

Best Practice Prioritization Matrix

IDEA / BP TITLE:
POT Number / Name:
Date (of last revision):

Determine who will screen a potential Best Practice projects to decide if it is to be worked on, and where it will fall in the workload. The Prioritization Matrix can be used to clarify this issue and can be used as a basis for discussion with the team. Your decision will be based on three criteria: The amount of Sponsor support you've found for the project, the assessment of the net benefit (Savings minus cost / resources / etc. to develop the Best Practice, and the degree of difficulty in completing the project due to complexity, anticipated project length, etc.

Please refer to the Prioritization Matrix Instructions for more detailed information on using the matrix and calculating results.

Items	Average LMH	Requester LMH	Ind. #2 LMH	Ind. #3 LMH	Ind. #4 LMH	Ind. #5 LMH
Sponsor Support						
Assessment of Net Benefits -- Savings (Example: Improved Quality, Cost savings, Reduced Applied / Cycle time)						
Project Difficulties (Example: Complexity, Organizational Barriers, Estimated Project length)						
Overall Priority (A B C)						
Total						

Prioritization Comments

- If the team determines that the project cannot be done now, itemize specific reasons for decision.

Fig. 3

POT Name / Number:
Best Practice Supervisor:

[illegible]

Fig. 4

Best Practice 1-Pager Submission Template

Best Practice Title*			
POT #		ROUNDTABLE LEADER (CDS ISD)	
Roundtable Name		Best Practice Team Leaders (CDS ID)	
Functional Deployment: Place check mark next to applicable areas of deployment			
<input type="checkbox"/> Project Management - VC	<input type="checkbox"/> Quality - VC	<input type="checkbox"/> Chassis - R&VT Core	
<input type="checkbox"/> Body - VC	<input type="checkbox"/> Finance - VC	<input type="checkbox"/> Powertrain Engr. - R&VT Core	
<input type="checkbox"/> Chassis - VC	<input type="checkbox"/> Marketing Brand - VC	<input type="checkbox"/> VA & SE - R&VT Core	
<input type="checkbox"/> Veh. Engr. - VC	<input type="checkbox"/> Systems. - VC	<input type="checkbox"/> PAV - R&VT Core	
<input type="checkbox"/> Powertrain Engr. - VC	<input type="checkbox"/> Manufacturing. - VC	<input type="checkbox"/> Engine	
<input type="checkbox"/> PAV - VC	<input type="checkbox"/> Purchasing - VC	<input type="checkbox"/> Transmission	
<input type="checkbox"/> Design/Appearance - VC	<input type="checkbox"/> Body - R&VT Core	<input type="checkbox"/> Other _____	
Best Practice Description/Abstract			
Brief How-To Steps			
Baseline/Rationale for process Change			
Benefits Summary			
Benefit Type <input type="checkbox"/> Cost <input type="checkbox"/> Applied Time <input type="checkbox"/> Quality <input type="checkbox"/> Cycle Time			
FPDS Information Process Starts at: Process Ends at: <input type="checkbox"/> Enter FPDS Diamond Points or "X" where Required < > < > Start and/or End Point Timing Varies.			
Attachment(s) Required	Filenames/URLs	Additional Attachments	Filenames/URLs
1. Baseline/Background		5.	
2. Process Guideline		6.	
3. Detailed Benefits		7.	
4. Implementation Plan		8.	

Fig. 5

BEST PRACTICE TITLE: BEST PRACTICE TEAM LEADER: ESTIMATED PROJECT START DATE: RECOMMENDED METHOD (RAPID, Focused Improvement, SD, Series of Meetings, etc):	BEST PRACTICE #:
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Key Project Milestones (Table can be modified to reflect differences in Best Practice Projects)

Phase / Process Step	Target Dates:		Actual Finish Date	Individual Responsible
	Start	Finish		
Develop Best Practice				
• Condustr Best Practice Team Kickoff Meeting				
• Develop and Document Best Practice process				
Approve Best Practice				
• Obtain Approvals (from Sponsor & POT Steering Team)				
Deploy Best Practice				
• Complete Work Items and Update Documentation				
• Conduct Pilot, if Necessary				
• Select and Brief Key Players				
• Complete Steps for Implementation Readiness				
Implementation & Institutional Best Practice				
• Add Best Practice to Implementation Level Status Report (Harvey Ball Chart)				
• Implement according to plan, and report status (ongoing)				
• Periodic Review of Best Practice (indicate date of first review)				

Open Issues

Issue	Responsible	Open/Closed

Fig. 6

< FUNCTION/ENGINEERING GROUP NAME >
Functional Champion: John Doe
Functional Champion Assistant: Jane Doe

Production Program								
Best Practice Manager>>	#1	#2	#3	#4	#5	Objective	Status	Average(%)
	Name 1	Name 2	Name 3	Name 4	Name 5			
Engineering Design Reviews	4	4	4	4	4	20	10	50%
PD Electronic Library	4	4	4	4	4	20	9	45%
Rapid Prototyping, Fab & Tooling		4	4	4		12	1	8%
Internal Stamping Part Approval	4	4	4	4	4	20	2	10%

Mandatory BP Status

722231%

Implementation Levels.

Best Practice to be Implemented.

Some Aspects of B. P. Implemented.

Many Aspects of B. P. Implemented.

Most Aspects of B. P. Implemented.

B. P. Completely Implemented.

Best Practice Not Applicable

Implementation Objective Level.

X

x = No. of circle quadrants set as objective (x = 1, 2, 3, 4)

Fig. 7